



# COTTLEVILLE FIRE PROTECTION DISTRICT

1385 Motherhead Road | Cottleville, MO 63304  
Phone 636-447-6655 | Fax 636-441-1742 | [www.cottlevillefpd.org](http://www.cottlevillefpd.org)

*To set up inspection 636-447-6655 ext 2*

## **APPLICATION FOR OCCUPANCY PERMIT**

**Please Type or Print**

Application Date: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Total square footage leased: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_ Suite(s) #: \_\_\_\_\_

(All addresses occupied): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business email: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I understand that the building and occupancy will conform with the applicable requirements of the Cottleville Community Fire Protection District, Fire Prevention and Building Codes prior to issuance of a Certificate of Occupancy.

### **Please provide the name and after hours contact information for two people (key holders)**

Primary Name: \_\_\_\_\_

Phone #: \_\_\_\_\_  Home  Cell

Secondary Name: \_\_\_\_\_

Phone #: \_\_\_\_\_  Home  Cell

### **Business Owner**

Business Owner Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_ Owner Email: \_\_\_\_\_

### **Building Owner**

Building Owner Name/Company/Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone #: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Permit Fee: \$70.00

**Make checks payable to: Cottleville Fire Protection District**

**Please email all permit applications to**

**[Jwilliams@cottlevillefpd.org](mailto:Jwilliams@cottlevillefpd.org)**